

www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 131000002		CITY OR TOWN	WAKEFIELD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	A SHERATON COL			ΓΟN
ADDDEGG AUDUD	NORTH			
ADDRESS AUDUB			an cope	04000
CITY/TOWN: WAI		STATE: MA	ZIP CODE:	01880
MANAGER: KELI KRIS	LEY-HARTZ, TYF STEN M.	E OF LICENSE:In	nholder C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS	
DESCRIPTION OF I				
LOBBY, RESTAUR	ANT AND BAR ON	THE FIRST FLOC	R;CONFERENCE F	MS, BARBER SHOP, ROOM ON SECOND COCKTAIL AREA IN
I hereby certify and s	wear under penalties	of perjury that:		
1. the renew	ed license will be of	the same type for the	e same premises now	licensed;
	ee has complied with		=	o taxes; and
3. the premis	ses are now open for	business (If not exp	lain below)	
SIGNED BY:	Individual Partner	or Authorized Corp	orate Officer	
	marviduar, i artifer	of Authorized Corp	orate Officer	
DATE:	TELEBLION	E NUMBER:	EMPI OYE	R IDENTIFICATION NUMBER:
	TELEFHON	E NUMBER.		lividual Social Security Number)
Acts of 2004, signed	d by the building ins	pector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	un)			
DATE:				



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 131000003		CI	TY OR TOWN	WAKEFIE	LD
APPLICATION FOR	R RENEWAL:	Annua	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS			NOITAL			
ADDRESS HARRIN		CIAL CLUB				
		STATE:	MA	ZID CODE.	01000	
CITY/TOWN: WA		~		ZIP CODE:	01880	
MANAGER: RYA	N, FRANCIS R.TY	PE OF LICENS	SE:Club	(	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W		YOUR EMAIL	ADDRESS		
ONE FLOOR CONS THREE RESTROOM ENTRY ON HARRI	ISTING OF KITCH MS, TWO STORAG	EN,CLUB,CO				
2. the license	ed license will be of ee has complied with ses are now open for	the same type f	for the san	wealth relating		
SIGNED BY:	Individual, Partner	or Authorized	Corporate	e Officer		
DATE:	TELEPHON	IE NUMBER:		EMPLOYE	ER IDENTIFICAT	TION NUMBER:
				(Note: NOT I	ndividual Social S	ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the o	d by the building in	spector and th	e head of	the fire depar	tment for the	above named
Please Check Below: APPROVED:				LOCAL LICEN By:	SING AUTHO	ORITY
DISAPPROVED:			1	, y.		
(If disapproved expla	nin)		-			
			-			
D. 4 (TE)			-			
DATE:						



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 131000005		CITY OR TOWN	WAKEFIELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	DELPHI RESTAUF	RANT INC.		
DOING BUSINESS	A BROTHERS' DEL	I & RESTAURAI	NT	
ADDRESS 406 MA	IN ST.			
CITY/TOWN: WA	KEFIELD	STATE: MA	ZIP CODE:	01880
	IMAKOPOULO TYPI EMETRIOS	E OF LICENSE:R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR	EMAIL ADDRESS	
	LICENSED PREMIS			
	E DINING ROOM AN PLUS 1075 SQ FT AR			ED FOR STORAGE
I hereby certify and	swear under penalties	of perjury that:		
1. the renew	ved license will be of the	he same type for the	e same premises now	licensed;
	see has complied with a		_	o taxes; and
3. the premi	ises are now open for b	ousiness (If not exp	olain below)	
SIGNED BY:	Individual, Partner	or Authorized Cor	oorate Officer	
D 4 TF				
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT III)	lividual Social Security Number)
Acts of 2004, signe	d by the building insp	pector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [ (If disapproved expl	ain)			
(11 disapproved expl	aiii)			
			<del></del>	
DATE:				
•				



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 131000006		CITY OR TO	WN WAKE	FIELD
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR	R 2013
		CLASS			YEAR
LICENSEE NAME:	DILEMME, INC.				
DOING BUSINESS	A RISTORANTE	MOLISE			
ADDRESS 464 MA	IN ST.				
CITY/TOWN: WA	KEFIELD	STATE: MA	ZIP CODI	E: 01880	
	EMME, TY ONIETTA	PE OF LICENSE:Re	estaurant	CATEGOR	Y: All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
	200 SQ FT WITH A	BINED FLOOR DIN A TOTAL OF 3 REAL EXITS			
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renew	ved license will be or	f the same type for the	e same premises	now licensed;	
2. the licens	ee has complied wit	h all laws of the Com	monwealth relat	ing to taxes; a	nd
3. the premi	ses are now open fo	r business (If not exp	lain below)		
SIGNED BY:	T 12 1 1 D 4	A .1 1.0	. 055		
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:					
DATE:	TELEPHO	NE NUMBER:			CATION NUMBER: rial Security Number)
			(11010: 110	I murviduai 50c	iai Security Ivamber)
Acts of 2004, signe	d by the building in	e in possession (1) the aspector and the hear liability insurance	d of the fire de	partment for	the above named
Please Check Below:			LOCAL LIC	ENSING AU	THORITY
APPROVED:			By:		
DISAPPROVED:	• >				
(If disapproved expl	ain)				
			-		
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 131000007		CITY OR TOWN	WAKEFIE	LD
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NA	ME: DOCKSIDE AT W	AKEFIELD, INC.			
DOING BUSIN	ESS A				
ADDRESS 109	9 MAIN ST.				
CITY/TOWN:	WAKEFIELD	STATE: MA	ZIP CODE:	01880	
	URBACZEWSKI,PATYI TRICIA	PE OF LICENSE: R	estaurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		L
DESCRIPTION	OF LICENSED PREMIS	SES:			
3. the p	Individual, Partner	business (If not exp	· · · · · · · · · · · · · · · · · · ·		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Acts of 2004, s	igned, attest that we are igned by the building insthe the certificate of liquor	spector and the hea	ad of the fire departi	ment for the	above named
Please Check Belov	<u>v:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVE	D		By:		
(If disapproved					
. 11	• /				
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 131000009		CI	ΓY OR TOWN	WAKEFIE	LD
APPLICATION FO	R RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS	3			YEAR
LICENSEE NAME:	WAKEFIELD K. O	F C. BLDG. A	SSN. INC	C.		
DOING BUSINESS	A WAKEFIELD KN	IGHTS OF CO	)LUMBU	S BLDG. ASS	N. INC.	
ADDRESS 570 NOI	RTH AVE.					
CITY/TOWN: WA	KEFIELD	STATE:	MA	ZIP CODE:	01880	
MANAGER: MEU	JSE, RICHARD TYP	E OF LICENSI	E:Club	(	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER Y	OUR EMAIL	ADDRESS		
	LICENSED PREMIS					
	OUND FLOOR;MEET LOBBY. MAIN FLO					
KITCHEN, LOUNG		OK, HALL, 5	TORAGE	Z KOOM,DAK	, LADILS RO	Olvi,
I hereby certify and s	swear under penalties	of perjury that:				
	ved license will be of the	• •		•		
	ee has complied with			· ·	to taxes; and	
3. the premi	ses are now open for b	ousiness (If not	explain b	pelow)		
SIGNED BY:	Individual, Partner	or Authorized (	Corporate	Officer		
	,		·			
DATE:	TELEPHONE	E NUMBER:		EMPLOYE	ER IDENTIFICAT	TION NUMBER:
	122111	21,01,1221		(Note: NOT In	ndividual Social S	ecurity Number)
We the undersigned	d, attest that we are i	in necession (	1) the co	rtificata roqui	red by Chent	or 304 of the
Acts of 2004, signed	d by the building insp	pector and the	head of	the fire depar	tment for the	above named
license and (2) the	certificate of liquor li	iability insura	nce requi	ired by Chapt	er 116 of the	Acts of 2010.
Please Check Below:			L	OCAL LICEN	SING AUTH	ORITY
APPROVED:			В	sy:		
DISAPPROVED: [ (If disapproved explain	 ain)		=			
(== alouppio (ou onpi			=			
			=			
DATE:						
			-			



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 131000010	CITY OR T	OWN WAKEFIELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: HOSPITALITY RESOU	RCES, LLC	
DOING BUSINESS A THE LORD WAKEFII	ELD HOTEL	
ADDRESS 595 NORTH AVE.		
CITY/TOWN: WAKEFIELD S	TATE: MA ZIP CO	DE: 01880
MANAGER: AKRIDGE, TYPE OF WILLIAM III	LICENSE: Innholder	CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
3 FLOOR HOTEL WITH NO CELLAR. 1ST I 2ND FLR; 55 HOTEL ROOMS, ONE MEETII DINING AREA		
I hereby certify and swear under penalties of pe	rjury that:	
1. the renewed license will be of the sa	me type for the same premis	es now licensed;
2. the licensee has complied with all la		lating to taxes; and
3. the premises are now open for busin	ess (If not explain below)	
aranto pri		
SIGNED BY: Individual, Partner or Au	uthorized Corporate Officer	
	athorized Corporate Officer	
	nthorized Corporate Officer	
		PLOYER IDENTIFICATION NUMBER:
Individual, Partner or Au	MBER: EM	PLOYER IDENTIFICATION NUMBER: NOT Individual Social Security Number)
Individual, Partner or Au	MBER: EM (Note: 1) ssession (1) the certificate or and the head of the fire of	NOT Individual Social Security Number) required by Chapter 304 of the department for the above named
DATE: TELEPHONE NU  We the undersigned, attest that we are in portacts of 2004, signed by the building inspector license and (2) the certificate of liquor liability.  Please Check Below:	MBER: EM (Note: 1) ssession (1) the certificate or and the head of the fire of the ity insurance required by (	NOT Individual Social Security Number) required by Chapter 304 of the department for the above named
Individual, Partner or Au  DATE:  TELEPHONE NU  We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto license and (2) the certificate of liquor liability  Please Check Below:  APPROVED:	MBER: EM (Note: 1) ssession (1) the certificate or and the head of the fire of the ity insurance required by (	NOT Individual Social Security Number) required by Chapter 304 of the department for the above named Chapter 116 of the Acts of 2010.
DATE:  TELEPHONE NU  We the undersigned, attest that we are in portion of the continuous discussion of 2004, signed by the building inspector license and (2) the certificate of liquor liability please Check Below:  APPROVED:  DISAPPROVED:	MBER: EM (Note: 1) essession (1) the certificate or and the head of the fire of ity insurance required by (	NOT Individual Social Security Number) required by Chapter 304 of the department for the above named Chapter 116 of the Acts of 2010.
Individual, Partner or Au  DATE:  TELEPHONE NU  We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto license and (2) the certificate of liquor liability  Please Check Below:  APPROVED:	MBER: EM (Note: 1) essession (1) the certificate or and the head of the fire of ity insurance required by (	NOT Individual Social Security Number) required by Chapter 304 of the department for the above named Chapter 116 of the Acts of 2010.
DATE:  TELEPHONE NU  We the undersigned, attest that we are in portion of the continuous discussion of 2004, signed by the building inspector license and (2) the certificate of liquor liability please Check Below:  APPROVED:  DISAPPROVED:	MBER: EM (Note: 1) essession (1) the certificate or and the head of the fire of ity insurance required by (	NOT Individual Social Security Number) required by Chapter 304 of the department for the above named Chapter 116 of the Acts of 2010.



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 131000011	C	CITY OR TOWN WAKEF	IELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: CRYSTAL CO	MMUNITY CLUB INC.		
DOING BUSI	NESS A			
ADDRESS 77	PRESTON STREET			
CITY/TOWN:	: WAKEFIELD	STATE: MA	ZIP CODE: 01880	
MANAGER:	DELLA RUSSO, JOSEPH H.	ΓΥΡΕ OF LICENSE: Club	CATEGORY	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMA	L ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
	A FACILITIES. BASEN		ROOM, WASHROOM AN OOM,POOL AND GAME R	
2. the 3. the	licensee has complied v	* *	me premises now licensed; nwealth relating to taxes; an below)	d
SIGNED BY:		tner or Authorized Corpora	te Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Acts of 2004,	signed by the building	ginspector and the head o	ertificate required by Cha f the fire department for th uired by Chapter 116 of th	he above named
Please Check Bel			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(11 uisappiove	u Capiaiii <i>)</i>			
DATE:				



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 131000012		CITY OR TOWN	WAKEFIE	LD
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: BERE ISLAND CC	ORP			
DOING BUSINESS	A HARRINGTON'S				
ADDRESS 017-19	WATER ST.				
CITY/TOWN: WA	AKEFIELD	STATE: MA	ZIP CODE:	01880	
	EILLY, TYP ENDAN J	E OF LICENSE: Res	taurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS	:	_			
	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS		
	LICENSED PREMIS				
	SEE DETAILED PLA		TT APPLICATIO	N.	
	swear under penalties	1 5 6		1:	
	wed license will be of t	• •	•		
	see has complied with ises are now open for l		_	to taxes; and	
3. the prem	ises are now open for t	Jusiness (II not expir	iii below)		
GIGNED DV					
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONI	F NIIMBER:	EMPLOYI	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEELITION	E NOMBER.	(Note: NOT I	ndividual Social S	Security Number)
	ed, attest that we are ed by the building ins				
	certificate of liquor l				
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	.ain)				
DATE:					
DITIL.					



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	131000013		CITY OR TOWN	WAKEFIELD
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	OLYMPIA ENT	TERPRISES, INC.		
DOING BUSINESS A	S & M LIQUO	ORS		
ADDRESS 00258- W	ATER ST			
CITY/TOWN: WAK	EFIELD	STATE: N	IA ZIP CODE:	01880
MANAGER: DENU DANII		YPE OF LICENSE	:Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PI	EASE ALSO VISIT OU	R WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREM	MISES:		
			US 23'6" ON FIRST FLO KIT FOR DELIVERIES	OOR HAVING AN
	s are now open	for business (If not e		
DATE:	TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 131000014	CITY OR TOWN WAKEFIELD
APPLICATION FOR RENEWAL:	Annual LICENSED FOR 2013
C	CLASS YEAR
LICENSEE NAME: R AND J ASSOCIATES INC	
DOING BUSINESS A JEFFREYS PKG STORE	
ADDRESS 354 MAIN ST	
CITY/TOWN: WAKEFIELD STAT	TE: MA ZIP CODE: 01880
MANAGER: WORMSTEAD, TYPE OF LIC RAYMOND	CENSE:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND E	INTER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
GROUND FLOOR CONSISTS OF A RETAIL SAI USED FOR STORAGE	LES AND TWO STORAGE ROOMS. CELLAR IS
the licensee has complied with all laws o     3. the premises are now open for business (     SIGNED BY:	-
Individual, Partner or Author	rized Corporate Officer
DATE: TELEBRIONE NUMBER	EMPLOYER IDENTIFICATION NUMBER:
TELEPHONE NUMB	(Note: NOT Individual Social Security Number)
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED: (If disapproved explain)	
DATE:	



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 131000015		CITY OR TOWN	WAKEFIEI	LD.
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: WATER ST. LIQUORS, II	NC			
DOING BUSINESS A				
ADDRESS 13 WATER ST				
CITY/TOWN: WAKEFIELD STA	ATE: MA	ZIP CODE:	01880	
MANAGER: HART, RUSSELL V TYPE OF L	ICENSE:Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
FIRST FLOOR RETAIL DISPLAY; SALES AND TEMPORARY RECEPTACLE IN REAR FOR S				
2. the licensee has complied with all laws     3. the premises are now open for business  SIGNED BY:  Individual, Partner or Auth	s (If not expla	in below)	o taxes; and	
marriada, radior or radio	orized corpo	rate officer		
DATE: TELEPHONE NUM	BER:	EMPLOYER	IDENTIFICATI	ON NUMBER:
		(Note: <u>NOT</u> Indi	vidual Social Se	curity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	RITY
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
DATE:		-		



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	131000016		CITY OR TOW	N WAKEFIE	LD
APPLICATION FOR I	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: ODOING BUSINESS A ADDRESS 969 MAIN	GREENWOOD WI	_	IC.		
CITY/TOWN: WAKI	EFIELD	STATE: MA	ZIP CODE:	01880	
MANAGER: GREEN	N, CYNTHIA TYPE	OF LICENSE:Pac	kage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LI	EASE ALSO VISIT OUR WEBS CENSED PREMISE		IAIL ADDRESS		
2. the licensee	ear under penalties of license will be of the has complied with al s are now open for bu	e same type for the laws of the Comn	nonwealth relatin		
SIGNED BY:	Individual, Partner or	· Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICAT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICE By:	NSING AUTHO	ORITY
DATE:					



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 131000017		CITY OR TOWN WAREF.	IELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: CAPORALE'S II I NESS A /S BROADWAY	LIQUORS, INC.		
CITY/TOWN:	WAKEFIELD	STATE: MA	ZIP CODE: 01880	
MANAGER:	CAPORALE, LISA TY MARIE	PE OF LICENSE: Pac	ckage Store CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS	<u></u>
DESCRIPTIO	N OF LICENSED PREMI	SES:		
CONSISTING	OF A RETAIL STORE.	STORAGE ROOM,L	AVATORY, AND AN OFFICI	E
	premises are now open for			d
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	HORITY
DATE:				



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13	31000019		CITY OR TO	WN WAKEFIE	ELD	
APPLICATION FOR R	ENEWAL:	Annual	LIC	CENSED FOR 2	013	
		CLASS			YEAR	
LICENSEE NAME: C	HI-HUA CORP.IN	NC				
DOING BUSINESS A	BAMBOO HOUS	E RESTAURAN'	Γ			
ADDRESS 21 BROAD	WAY					
CITY/TOWN: WAKE	FIELD	STATE: MA	A ZIP CODE	E: 01880		
MANAGER: CHEN,I	-CHI TYP	E OF LICENSE:	Restaurant	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR WEI	BSITE AND ENTER YOU	R EMAIL ADDRESS		<u> </u>	
DESCRIPTION OF LIC	ENSED PREMIS	ES:				
THREE ROOMS, CELI	LAR WITH STOR	AGE AREA.				
I hereby certify and swea	ar under penalties	of perjury that:				
1. the renewed l	license will be of the	he same type for t	the same premises	now licensed;		
2. the licensee h	nas complied with a	all laws of the Co	mmonwealth relati	ing to taxes; and		
3. the premises	are now open for b	ousiness (If not ex	xplain below)			
SIGNED BY:						
Ir	ndividual, Partner	or Authorized Co	rporate Officer			
DATE:	TELEPHONE NUMBER:		EMPLO	EMPLOYER IDENTIFICATION NUMBER:		
	TEEEI IIOINE	ar (eniber.	(Note: <u>NO</u>	$oldsymbol{\Gamma}$ Individual Social S	Security Number)	
We the undersigned, a Acts of 2004, signed by						
license and (2) the cert						
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)			-		<del></del>	
D. 1 (17)						
DATE:						



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 131000021		CITY OR TOWN	WAKEFIELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: MERCTHAI C	CORPORATION		
DOING BUSINESS	S A THE DUCK	WALK		
ADDRESS 395-7A	MAIN ST			
CITY/TOWN: WA	AKEFIELD	STATE: MA	ZIP CODE:	01880
	FILIPPO, NALD M.	TYPE OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PRI	EMISES:		
DINING ROOM, 2	BATHROOMS,	SPACE AND 500 SQ FT SERVICE BAR, WALK EMPLOYEE ENTRAN	IN FREEZER, ONE	E CUSTOMER
I hereby certify and	swear under pena	alties of perjury that:		
1. the renev	wed license will b	e of the same type for the	e same premises now	licensed;
2. the licens	see has complied	with all laws of the Com	monwealth relating t	o taxes; and
3. the prem	ises are now oper	n for business (If not exp	lain below)	
SIGNED BY:	Individual Da	rtner or Authorized Corp	orata Officar	
	marviduai, i a	rulei of Authorized Corp	orate officer	
DATE:	TELEDI	HONE NUMBER.	EMPLOYE	R IDENTIFICATION NUMBER:
	TELEPI	HONE NUMBER:		dividual Social Security Number)
Acts of 2004, signe	ed by the buildin	g inspector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	iain)		-	
DATE:			-	



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 131000022		CITY C	OR TOWN	1 WAKEFIE	LD
APPLICATION FO	R RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	JUNJI AOKI					
DOING BUSINESS	A SUSHI ISLAND					
ADDRESS 397 MA	IN ST					
CITY/TOWN: WA	KEFIELD	STATE: MA	ZIP	CODE:	01880	
MANAGER:	TYPE	OF LICENSE: Res	staurant	(	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDRE	ESS		_
	LICENSED PREMISE					
EXIT. 1302 SF TO	FT OF RETAIL REST. SERVE AS DINING A AND OFFICE SPACE-	AREA, 798 SF TO S	SERVE A	AS KITCI		
I hereby certify and s	swear under penalties o	f perjury that:				
1. the renew	red license will be of the	e same type for the	same pre	emises no	w licensed;	
2. the licens	ee has complied with a	ll laws of the Comn	nonwealt	h relating	to taxes; and	
3. the premi	ses are now open for bu	usiness (If not expla	ain below	7)		
SIGNED BY:	Individual, Partner o	r Authorized Corpo	orate Offi	cer		
			_			
DATE:	TELEPHONE	NUMBER:		EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(No	ote: <u>NOT</u> I	ndividual Social S	Security Number)
We the undersigne	d, attest that we are in	n possession (1) the	e certific	ate requi	red by Chapt	er 304 of the
Acts of 2004, signe	d by the building insp	ector and the head	of the f	ire depar	tment for the	above named
` ,	certificate of liquor lia	ibility insurance r	equirea	by Chapi	ter 116 of the	Acts of 2010.
Please Check Below: APPROVED:				L LICEN	ISING AUTH	ORITY
DISAPPROVED:			By:			
(If disapproved explain	ain)					
1						
DATE:						



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	131000023		CITY OR TOV	VN WAREFIE	LD
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PORTABELLO,INC.				
DOING BUSINESS A	PORTABELLO				
ADDRESS 979 MAIN	N STREET				
CITY/TOWN: WAK	EFIELD	STATE: MA	ZIP CODE	: 01880	
MANAGER: PEREL ARTH	IRA, TYPE IUR M.	OF LICENSE:Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISE	S:			
2. the licensee	d license will be of the e has complied with al es are now open for bu	l laws of the Comr	nonwealth relati		
SIGNED BY:	Individual, Partner or	· Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICAT	
			(Note: NO	☐ Individual Social S	security Number)
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building inspe	ector and the head	d of the fire dep	artment for the	above named
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:	$\neg$		By:		
DISAPPROVED: (If disapproved explain					
(11 disappioved expiai	11 <i>)</i>				
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 131000026		CITY OR TOWN	WAKEFIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE N	AME: JKS RESTAUR	RANTS,INC		
DOING BUSI	NESS A Bellino's Italia	nn Grill & Pizzeria		
ADDRESS 14	6 Lowell St			
CITY/TOWN:	: WAKEFIELD	STATE: MA	ZIP CODE:	01880
MANAGER:	Kapoukranidis, Chrysanthi	ΓΥΡΕ OF LICENSE:R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PRE			
portion of the DECK	building known as 146 I	Lowell stPREMISES IN	NCLUDING THE US	SE OF AN OUTDOOR
I hereby certify	y and swear under penal	ties of perjury that:		
1. the	renewed license will be	of the same type for the	e same premises now	licensed;
2. the	licensee has complied v	with all laws of the Con	nmonwealth relating t	o taxes; and
3. the	premises are now open	for business (If not exp	olain below)	
SIGNED BY:				
	Individual, Part	tner or Authorized Corp	oorate Officer	
DATE.				
DATE:	TELEPH	ONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
			(1.000. <u>1.00.1</u> III.	iividuai sociai security rumoci)
				ed by Chapter 304 of the
				ment for the above named er 116 of the Acts of 2010.
Please Check Bel	_	<del></del>		
APPROVED:			By:	SING AUTHORITY
DISAPPROV	ED:		By.	
(If disapprove	d explain)			
DATE:				
	R RENEWAL MUST BE FILED I	RV LICENSEES DUDING TUE	MONTH OF NOVEMBER A	4 G L Ch 138 \$ 164)
AFFLICATION FOR	N NEMEWAL MUST BE FILED I	DI LICENSEES DUKING THE	MONTH OF NOVEMBER (N	1.U.L. CII. 136 \$ 10A)



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 131000029		CITY OR TOWN	WAKEFIELD	)
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 Y	3 EAR
LICENSEE NAME: DOING BUSINESS ADDRESS 21-23 W					
CITY/TOWN: WA	KEFIELD	STATE: MA	ZIP CODE:	01880	
MANAGER: OLI NY	VEIRO,ANTHO TYPE	E OF LICENSE:Re	staurant CA	ATEGORY: A	All Alcohol
EMAIL ADDRESS:					
DEGCDIPTION OF	PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS		
APPROX.2,800 SQ.	LICENSED PREMISE FT. KITCHEN,DININ REA WITH A FRONT	NG ROOM, TWO I		RAGE ARREA	Λ,
	see has complied with a sees are now open for b	usiness (If not expl	ain below)	o taxes; and	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATIO	
Acts of 2004, signe	d, attest that we are in d by the building insp certificate of liquor li	ector and the hea	d of the fire departı	ment for the ab	oove named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHOR	RITY
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 131000031		CITY OR TOWN	WAKEFIE	LD
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	R & M RESTAU	JRANT INC.			
DOING BUSINESS	A ARTICHOKES	S RISTORANTE TRA	ATTORIA		
ADDRESS 317 MAI	N STREET				
CITY/TOWN: WA	KEFIELD	STATE: MA	ZIP CODE:	01880	
MANAGER: LaVI	TA, RALPH T	YPE OF LICENSE:	Restaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		-
DESCRIPTION OF I	LICENSED PREM	MISES:			
RESTAURANT IS T SITUATED ON THE ENTRANCE ON TH	E LOWER LEVEI	L AND FIRST FLOO	R OF THE BUILDI		
I hereby certify and s	wear under penalti	ies of perjury that:			
1. the renew	ed license will be	of the same type for the	he same premises nov	w licensed;	
	•	ith all laws of the Cor	ě	to taxes; and	
3. the premis	ses are now open f	or business (If not ex	plain below)		
SIGNED BY:	Individual, Partr	ner or Authorized Cor	porate Officer		
DATE					
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT ndividual Social S	
Acts of 2004, signed	by the building	re in possession (1) inspector and the hear insurance	ad of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	un)				
					<del></del>
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	131000032		CITY OR TOWN	WAKEFIE	ELD
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	LUCKY THIRTEE	EN RESTAURANT I	NC.		
DOING BUSINESS A	A SONNY NOTO'S	RESTAURANT			
ADDRESS 49 WATE	ER STREET				
CITY/TOWN: WAK	EFIELD	STATE: MA	ZIP CODE:	01880	
MANAGER: NOTO SALV	), TYP ATORE	PE OF LICENSE: Re	staurant C	CATEGORY:	Wine and Malt Cordials
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L					
RESTAURANT & CO BATHROOMS	OUNTER W/56 SEA	ATSS, KITCHEN, V	ESTIBULE, OFFI	CE AND TWO	0
2. the license	e has complied with es are now open for	the same type for the all laws of the Communication business (If not explored or Authorized Corporation)	nonwealth relating ain below)		
DATE:	TELEPHON	E NUMBER:			ΠΟΝ NUMBER: Security Number)
We the undersigned Acts of 2004, signed license and (2) the co	by the building ins	spector and the head	l of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	<b></b>				
(If disapproved explai	11)				
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 131	000033	CITYOR	IOWN WAKEFII	ELD
APPLICATION FOR REN	NEWAL: A1	nnual	LICENSED FOR 2	2013
	CI	LASS		YEAR
LICENSEE NAME: SAI	BATINO'S RESTAURAN	Γ, INC		
DOING BUSINESS A SA	ABATINO'S			
ADDRESS 330 MAIN ST				
CITY/TOWN: WAKEFI	ELD STATI	E: MA ZIP CO	ODE: 01880	
MANAGER: NASON, CARMEL		ENSE: Restaurant	CATEGORY:	: All Alcohol
EMAIL ADDRESS:				
PLEASI	E ALSO VISIT OUR WEBSITE AND EN	TER YOUR EMAIL ADDRESS		
DESCRIPTION OF LICE	NSED PREMISES:			
FIRST FLOOR WITH BA	ASEMENT FOR STORAG	E		
I hereby certify and swear	under penalties of perjury	that:		
1. the renewed lic	ense will be of the same ty	pe for the same premis	ses now licensed;	
2. the licensee has	s complied with all laws of	the Commonwealth re	elating to taxes; and	
3. the premises ar	e now open for business (I	f not explain below)		
SIGNED BY:				
	ividual, Partner or Authori	zed Corporate Officer		
DATE:	TELEPHONE NUMBE	R· EM	IPLOYER IDENTIFICA	ATION NUMBER:
	TEELI HOIVE IVOIVIBE		NOT Individual Social	Security Number)
	est that we are in possessine building inspector and			
	icate of liquor liability in			
Please Check Below:	•		-	
APPROVED:			LICENSING AUTH	IORITY
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:			-	
•				



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 131000034		CIT	Y OR TOWN	WAKEFIE	LD
APPLICATION FOR	R RENEWAL:	Annu CLAS		LICEN	SED FOR 20	)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 109 WAT	A SEI BAR	FIELD, INC				
CITY/TOWN: WAI	KEFIELD	STATE:	MA Z	ZIP CODE:	01880	
MANAGER: LIN,	JEN K. TY	PE OF LICEN	SE:Restaura	nt C.	ATEGORY:	All Alcohol
EMAIL ADDRESS: DESCRIPTION OF I	PLEASE ALSO VISIT OUR V		YOUR EMAIL AI	DDRESS		
APPROX 2,500 SQ I SPACE; KITCHEN, WITH SEATING FO	DINING ROOM, S					
2. the license	wear under penaltie ed license will be of ee has complied wit ses are now open fo	f the same type :	for the same Commonwe	ealth relating to		
SIGNED BY:	Individual, Partne	er or Authorized	Corporate (	Officer		
DATE:	TELEPHO	NE NUMBER:		EMPLOYER (Note: NOT Inc		TON NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the c	by the building ir	nspector and th	e head of th	ne fire departi	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LC By —	OCAL LICENS :	SING AUTHO	ORITY
DATE:			_			



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 131000035		CITY OR TOWN WAKEFIELD
APPLICATION FOR RENEWAL:	Annual CLASS	LICENSED FOR 2013 YEAR
LICENSEE NAME: L & B LLC DOING BUSINESS A LAURIE'S ADDRESS 33-35 TUTTLE STRE		HOUSE
CITY/TOWN: WAKEFIELD	STATE: MA	ZIP CODE: 01880
MANAGER: RIZZO, LAURIE	TYPE OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:  PLEASE ALSO VISITE DESCRIPTION OF LICENSED P	T OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
WAITING AREADINING AREAKITCHEN AND BATHROOM ON THE FIRST FLOOR AND STORAGE ON LOWER LEVELBAR LOCATED IN THE BACK OF DINING ROOMEMERGENCY EXIT		
2. the licensee has complie	be of the same type for the s	nonwealth relating to taxes; and
SIGNED BY: Individual, I	Partner or Authorized Corpor	rate Officer
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the build	ing inspector and the head	certificate required by Chapter 304 of the of the fire department for the above named equired by Chapter 116 of the Acts of 2010.
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		